

Return of Organization Exempt from Income Tax

OMB No 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2002 calendar year, or tax year beginning Oct 1, 2002, and ending Sep 30, 2003

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use
IRS label
or print
or type.
See
specific
instruc-
tions.

C Name of organization

National Caregiving Foundation

Number street (or P O box if mail is not delivered to street addr) Room/suite

801 N. Pitt Street

116

City, town or country

Alexandria

State ZIP code + 4

VA 22314-1765

D Employer Identification Number

52-1422395

E Telephone number

(703) 299-9300

F Accounting method:

☐ Cash☒ Accrual

Other (specify) ▶

Section 501(c)(3) organizations and 4947(a)(1) nonexempt
charitable trusts must attach a completed Schedule A
(Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H (a) Is this a group return for affiliates? ☐ Yes ☒ No

H (b) If 'Yes,' enter number of affiliates ▶

H (c) Are all affiliates included? ☐ Yes ☐ No

(If 'No,' attach a list. See instructions.)

H (d) Is this a separate return filed by an
organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit GEN ▶

M Check ☒ if the organization is not required
to attach Schedule B (Form 990, 990-EZ, or 990-PF).

G Web site: ▶

J Organization type
(check only one)☒ 501(c) 3 (insert no.) ☐ 4947(a)(1) or ☐ 527K Check here ☐ if the organization's gross receipts are normally not more than
\$25,000. The organization need not file a return with the IRS, but if the organization
received a Form 990 Package in the mail, it should file a return without financial data.
Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 3,732,870.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Instructions)

1 Contributions, gifts, grants, and similar amounts received.

a Direct public support

1a 3,583,774.

b Indirect public support

1b

c Government contributions (grants)

1c

d Total (add lines 1a through 1c) (cash \$ 3,583,774. noncash \$)

1d 3,583,774.

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 120,329.

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 10,467.

5 Dividends and interest from securities

5

6a Gross rents

6a 10,800.

b Less: rental expenses

6b 8,559.

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 2,241.

7 Other investment income (describe)

7

8a Gross amount from sales of assets other
than inventory

(A) Securities

(B) Other

8a 7,500.

b Less: cost or other basis and sales expenses

8b 23,940.

c Gain or (loss) (attach schedule) See L-8 Stmt

8c -16,440.

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d -16,440.

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions
reported on line 1a)

9a

b Less: direct expenses other than fundraising expenses

9b

c Net income or (loss) from special events (subtract line 9b from line 9a)

9c

10a Gross sales of inventory, less returns and allowances

10a

b Less: cost of goods sold

10b

c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)

10c

11 Other revenue (from Part VII, line 103)

11

12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 3,700,371.

13 Program services (from line 44, column (B))

13 1,480,825.

14 Management and general (from line 44, column (C))

14 231,686.

15 Fundraising (from line 44, column (D))

15 1,872,328.

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 16 and 44, column (A))

17 3,584,839.

18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 115,532.

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 1,210,102.

20 Other changes in net assets or fund balances (attach explanation)

20

21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)

21 1,325,634.

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (att sch) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals (att sch)	23				
24 Benefits paid to or for members (att sch)	24				
25 Compensation of officers, directors, etc	25	73,430.	40,387.	25,700.	7,343.
26 Other salaries and wages	26	103,039.	75,146.	27,154.	739.
27 Pension plan contributions	27	15,600.	7,944.	6,534.	1,122.
28 Other employee benefits	28	32,455.	23,517.	7,859.	1,079.
29 Payroll taxes	29	12,820.	8,393.	3,840.	587.
30 Professional fundraising fees	30	1,396,913.	419,074.	0.	977,839.
31 Accounting fees	31	11,851.	0.	11,851.	0.
32 Legal fees	32	8,554.	0.	8,554.	0.
33 Supplies	33	63,800.	62,600.	1,041.	159.
34 Telephone	34	7,015.	4,593.	2,101.	321.
35 Postage and shipping	35	176,519.	70,948.	576.	104,995.
36 Occupancy	36	19,682.	13,236.	6,142.	304.
37 Equipment rental and maintenance	37				
38 Printing and publications	38	114,849.	34,570.	97.	80,182.
39 Travel	39				
40 Conferences, conventions, and meetings	40	16,139.	0.	16,139.	0.
41 Interest	41				
42 Depreciation, depletion, etc (attach schedule)	42	13,687.	11,539.	1,868.	280.
43 Other expenses not covered above (itemize)					
a Direct Mail Services	43a	1,381,036.	649,087.	55,241.	676,708.
b Caging Fees	43b	46,901.	0.	46,901.	0.
c Computer Services	43c	28,405.	8,605.	71.	19,729.
d Assisted Living Home Operations	43d	37,717.	37,717.	0.	0.
e See Other Expenses Stmt	43e	24,427.	13,469.	10,017.	941.
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B) - (D), carry these totals to lines 13 - 15	44	3,584,839.	1,480,825.	231,686.	1,872,328.

Joint Costs. Check ☒ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

☒ Yes ☐ No

If 'Yes,' enter (i) the aggregate amount of these joint costs \$ 3,095,235. ; (ii) the amount allocated to program services

\$ 1,180,656. ; (iii) the amount allocated to management and general \$ 55,241. ; and (iv) the amount allocated

to fundraising \$ 1,859,338. .

Part III Statement of Program Service AccomplishmentsWhat is the organization's primary exempt purpose? See attached statement.

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) & (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants & allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and
(4) organizations and
4947(a)(1) trusts, but
optional for others.)

a Education - to educate the public about the warning signs, symptoms, potential costs, myths and realities of catastrophic diseases on our society, especially the caregivers.	(Grants and allocations \$ 0.)	859,132.
b Caregiver support kit - to provide support to caregivers through self-help, awareness and educational materials in the form of the caregiver's support kit. The kit is provided free of charge to caregivers across the nation.	(Grants and allocations \$ 0.)	448,025.
c Assisted living home - to provide housing with twenty-four hour care to elderly individuals and victims of catastrophic diseases.	(Grants and allocations \$ 0.)	173,668.
d	(Grants and allocations \$)	
e Other program services	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (B), program services)		1,480,825.

Part IV Balance Sheets (See Instructions)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45 Cash — non-interest-bearing	206,370.	45	92,296.	
	46 Savings and temporary cash investments	867,923.	46	961,185.	
	47a Accounts receivable	47a			
	b Less: allowance for doubtful accounts	47b	47c		
	48a Pledges receivable	48a			
	b Less: allowance for doubtful accounts	48b	48c		
	49 Grants receivable		49		
	50 Receivables from officers, directors, trustees, and key employees (attach schedule)		50		
	51a Other notes & loans receivable (attach sch)	51a			
	b Less: allowance for doubtful accounts	51b	51c		
	52 Inventories for sale or use	38,145.	52	33,572.	
	53 Prepaid expenses and deferred charges		53		
	54 Investments — securities (attach schedule)	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54		
	55a Investments — land, buildings, & equipment: basis	55a			
	b Less: accumulated depreciation (attach schedule)	55b	55c		
56 Investments — other (attach schedule)	L-56 Stmt 23,500.	56	0.		
57a Land, buildings, and equipment: basis	57a 388,990.				
b Less: accumulated depreciation (attach schedule)	L-57 Stmt 115,328.	57b			
58 Other assets (describe ► See Line 58 Stmt)	281,863.	57c	273,662.		
59 Total assets (add lines 45 through 58) (must equal line 74)	321,344.	58	284,089.		
LIABILITIES	60 Accounts payable and accrued expenses	1,739,145.	59	1,644,804.	
	61 Grants payable	307,783.	60	230,336.	
	62 Deferred revenue		61		
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		62	2,000.	
	64a Tax-exempt bond liabilities (attach schedule)		63		
	b Mortgages and other notes payable (attach schedule)	221,260.	64a		
	65 Other liabilities (describe ► See Line 65 Stmt)	0.	64b	86,539.	
	66 Total liabilities (add lines 60 through 65)	529,043.	65	295.	
	NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74		66	319,170.
		67 Unrestricted	888,758.	67	1,041,545.
68 Temporarily restricted		321,344.	68	284,089.	
69 Permanently restricted			69		
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74					
70 Capital stock, trust principal, or current funds			70		
71 Paid-in or capital surplus, or land, building, and equipment fund			71		
72 Retained earnings, endowment, accumulated income, or other funds			72		
73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)		1,210,102.	73	1,325,634.	
74 Total liabilities and net assets/fund balances (add lines 66 and 73)		1,739,145.	74	1,644,804.	

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

BAA

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	3,708,930.
b	Amounts included on line a but not on line 12, Form 990:		
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify): Rental expense		
	\$ 8,559.	b	8,559.
	Add amounts on lines (1) through (4)	c	3,700,371.
c	Line a minus line b		
d	Amounts included on line 12, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$	d	
	Add amounts on lines (1) and (2)		
e	Total revenue per line 12, Form 990 (line c plus line d)	e	3,700,371.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements	a	3,593,398.
b	Amounts included on line a but not on line 17, Form 990:		
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify): Rental expense		
	\$ 8,559.	b	8,559.
	Add amounts on lines (1) through (4)	c	3,584,839.
c	Line a minus line b		
d	Amounts included on line 17, Form 990 but not on line a :		
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify):		
	\$	d	
	Add amounts on lines (1) and (2)		
e	Total expenses per line 17, Form 990 (line c plus line d)	e	3,584,839.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans and deferred compensation	(E) Expense account and other allowances
Joseph R. Salta 801 N. Pitt Street, Alexandria, VA 22314	Executive Director FT	73,430.	10,920.	0.
Roy M. Young 801 N. Pitt Street, Alexandria, VA 22314	Secretary PT	0.	0.	0.
Kandis E. Syphus 801 N. Pitt Street, Alexandria, VA 22314	President PT	0.	0.	0.
Dennis Quinn 801 N. Pitt Street, Alexandria, VA 22314	Treasurer PT	0.	0.	0.
Jacquelynn Williams 801 N. Pitt Street, Alexandria, VA 22314	Director PT	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?

► ☐ Yes ☒ No

If 'Yes,' attach schedule — see instructions.

Part VI Other Information (See instructions)

Yes No

76	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity	76		X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If 'Yes,' attach a conformed copy of the changes	77		X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X	
78b	If 'Yes,' has it filed a tax return on Form 990-T for this year?	78b	X	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' attach a statement	79		X
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		X
81a	Enter direct or indirect political expenditures. See line 81 instructions	81a	0.	
81b	Did the organization file Form 1120-POL for this year?	81b		X
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a		X
82b	If 'Yes,' you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)	82b		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
83b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
84b	If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b		
85a	501(c)(4), (5), or (6) organizations Were substantially all dues nondeductible by members?	85a		
85b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b		
	If 'Yes' was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year			
85c	Dues, assessments, and similar amounts from members	85c		
85d	Section 162(e) lobbying and political expenditures	85d		
85e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
85f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
85g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g		
85h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h		
86a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a		
86b	b Gross receipts, included on line 12, for public use of club facilities	86b		
87a	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a		
87b	b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Part IX	88		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> , section 4912 <u>0.</u> ; section 4955 <u>0.</u>			
89b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If 'Yes,' attach a statement explaining each transaction.	89b		X
	c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			0.
	d Enter: Amount of tax on line 89c, above, reimbursed by the organization			0.
90a	List the states with which a copy of this return is filed <u>See Attached List</u>			
90b	Number of employees employed in the pay period that includes March 12, 2002 (See instructions)	90b		6
91	The books are in care of <u>Officers</u> Telephone number <u>(703) 299-9300</u> Located at <u>Alexandria VA</u> ZIP + 4 <u>22314-1765</u>			
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <u>92</u>			

Part VII Analysis of Income-Producing Activities (See instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Assisted living fees					120,329.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees & contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings & temporary cash invmnts			14	10,467.	
96 Dividends & interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	53190	2,241.			
b not debt-financed property					
98 Net rental income or (loss) from pers prop					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory			18	-16,440.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		2,241.		-5,973.	120,329.
105 Total (add line 104, columns (B), (D), and (E))					116,597.

Note: Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
93a	Fees from assisted living unit which provides housing for those who require assistance with activities of daily living.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See instructions.)

N/A

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See instructions.)

a Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No

b Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If 'Yes' to (b), file Form 8870 and Form 4720 (see instructions)

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please

Date

1/29/04

EXEC. DIR.

Date

Check if

Preparer's SSN or PTIN (see

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Organization Exempt Under
Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or Section 4947(a)(1) Nonexempt Charitable Trust
Supplementary Information — (See separate instructions.)

OMB No 1545-0047

2002

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ.**

Name of the organization

National Caregiving Foundation

Employer identification number

52-1422395

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See instructions. List each one. If there are none, enter 'None'.)

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
None				

Total number of other employees paid over \$50,000 ▶

None

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See instructions. List each one (whether individuals or firms). If there are none, enter 'None'.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Reese Brothers		
925 Penn Avenue, Sixth floor, Pittsburgh, PA 15222	Telemarketing	1,396,913.
Newport Creative Communications		
33 Railroad Ave., Duxbury, MA 02332	Direct Mail	1,381,036.

Total number of others receiving over \$50,000 for professional services ▶

none

Part III Statements About Activities (See instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If 'Yes,' enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____
(Must equal amounts on line 38, Part VI-A, or line i of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking 'Yes,' must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is 'Yes,' attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

See Part V, Form 990

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below.)

3 X

- 4 Do you have a section 403(b) annuity plan for your employees?

4 X

Note: Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs 'qualify' to receive payments.

Part IV Reason for Non-Private Foundation Status (See instructions)

The organization is not a private foundation because it is (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state ▶ _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ An organization that normally receives (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc, functions — subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3).)

Provide the following information about the supported organizations. (See instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4) (See instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) *Use cash method of accounting.***Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	3,674,678.	4,420,613.	4,381,154.	2,207,415.	14,683,860.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	73,783.	77,457.	65,010.		216,250.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	14,874.	18,893.	22,527.	9,255.	65,549.
19 Net income from unrelated business activities not included in line 18	2,281.	170.	-6,947.	125.	-4,371.
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets		0.	0.	168.	168.
23 Total of lines 15 through 22	3,765,616.	4,517,133.	4,461,744.	2,216,963.	14,961,456.
24 Line 23 minus line 17	3,691,833.	4,439,676.	4,396,734.	2,216,963.	14,745,206.
25 Enter 1% of line 23	37,656.	45,171.	44,617.	22,170.	
26 Organizations described on lines 10 or 11:	a Enter 2% of amount in column (e), line 24				26a 294,904.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test. Enter line 24, column (e)					26c 14,745,206.
d Add: Amounts from column (e) for lines	18 65,549.	19 -4,371.			
	22 168.	26b			
e Public support (line 26c minus line 26d total)					26d 61,346.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26e 14,683,860.
					26f 99.58 %
27 Organizations described on line 12:					
a For amounts included in lines 15, 16, and 17 that were received from a 'disqualified person,' prepare a list for your records to show the name of, and total amounts received in each year from, each 'disqualified person.' Do not file this list with your return. Enter the sum of such amounts for each year.	(2001) _____ (2000) _____ (1999) _____ (1998) _____				
b For any amount included in line 17 that was received from each person (other than 'disqualified persons'), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year:	(2001) _____ (2000) _____ (1999) _____ (1998) _____				
c Add: Amounts from column (e) for lines.	15 _____	16 _____			
	17 _____	20 _____	21 _____		
d Add: Line 27a total _____ and line 27b total _____					27c _____
e Public support (line 27c total minus line 27d total)					27d _____
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27e _____
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27f _____
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27g %
					27h %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V Private School Questionnaire (See instructions.)
(To be completed ONLY by schools that checked the box on line 6 in Part IV)

N/A

	Yes	No
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If 'Yes,' please describe, if 'No,' please explain (If you need more space, attach a separate statement) ----- ----- -----		
32 Does the organization maintain the following.		
a Records indicating the racial composition of the student body, faculty, and administrative staff?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered 'No' to any of the above, please explain (If you need more space, attach a separate statement.) ----- -----		
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered 'Yes' to any of the above, please explain (If you need more space, attach a separate statement) ----- ----- -----		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended? If you answered 'Yes' to either 34a or b, please explain using an attached statement		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If 'No,' attach an explanation.		

Part VI-A Lobbying Expenditures by Electing Public Charities (See instructions)
(To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked 'a' and 'limited control' provisions apply.**Limits on Lobbying Expenditures**

(The term 'expenditures' means amounts paid or incurred.)

	(a) Affiliated group totals	(b) To be completed for ALL electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table –		
If the amount on line 40 is –		
Not over \$500,000		
Over \$500,000 but not over \$1,000,000		
Over \$1,000,000 but not over \$1,500,000		
Over \$1,500,000 but not over \$17,000,000		
Over \$17,000,000		
The lobbying nontaxable amount is –		
20% of the amount on line 40		
\$100,000 plus 15% of the excess over \$500,000		
\$175,000 plus 10% of the excess over \$1,000,000		
\$225,000 plus 5% of the excess over \$1,500,000		
\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.
See the instructions for lines 45 through 50.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots non-taxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines **c** through **h**.)
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (add lines **c** through **h**.)

If 'Yes' to any of the above, also attach a statement giving a detailed description of the lobbying activities

Yes	No	Amount

Schedule of Gains and Losses from
Sale of Assets Other than Inventory

2002

▶ Attach to return

Name
National Caregiving Foundation

Employer Identification Number
52-1422395

Part I, Line 8, Column (A) Securities

Public Securities

Description	Gross Sales Price	Basis	
Publicly Traded Securities		Cost	
		Selling Expenses	
		Basis	

Nonpublic Securities

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated (State which on top)
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
-----	-----	-----		-----
Total Securities				

Gain or (Loss) from Sale of Securities

Part I, Line 8, Column (B) Other Assets

Description	Date Acquired and Method	Date Sold and to Whom	Gross Sales Price	Cost, other basis or FMV when donated	
Townhouse	07/20/98 Donated	09/26/03 1119 Nanticoke, LLC	7,500.	Cost	23,940.
-----				Depreciation	
-----				Basis	23,940.
-----				Donation FMV	
-----				Cost	
-----				Depreciation	
-----				Basis	
-----				Donation FMV	
-----				Cost	
-----				Depreciation	
-----				Basis	
-----				Donation FMV	
Total Other Assets			7,500.		23,940.

Gain or (Loss) from Sale of Other Assets

-16,440.

Form 990, Page 2, Part II, Line 43

Other Expenses Stmt

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
Other expenses not covered above (itemize):				
Insurance	16,013.	10,484.	4,796.	733.
Taxes and Licenses	4,294.	2,618.	1,493.	183.
Miscellaneous	3,606.	30.	3,574.	2.
Dues and Subscriptions	514.	337.	154.	23.
Total	24,427.	13,469.	10,017.	941.

Form 990, Page 3, Part IV, Line 56

Investments - Other Statement

Line 56 – Investments - Other:	Beginning of Year	End of Year
Property	23,500.	0.
Total	23,500.	0.

Form 990, Page 3, Part IV, Lines 57a & 57b

Land, Buildings and Equipment Statement

	(a) Cost/Other Basis	(b) Accumulated Depreciation	(c) Book Value
Furniture	19,295.	19,295.	0.
Equipment	24,608.	18,137.	6,471.
Condo	129,343.	39,881.	89,462.
Computer	1,418.	1,418.	0.
Building	114,468.	30,525.	83,943.
Building	5,200.	1,040.	4,160.
Computer	1,595.	1,595.	0.
Computer	1,814.	1,058.	756.
Septic Tank	7,488.	957.	6,531.
Assist Living Furn & Equip	7,471.	1,422.	6,049.
Land	76,290.	0.	76,290.
Total	388,990.	115,328.	273,662.

Form 990, Page 3, Part IV, Line 58

Other Assets Statement

Line 58 - Other Assets:	Beginning of Year	End of Year
Promises to give	321,344.	284,089.
Total	321,344.	284,089.

Form 990, Page 3, Part IV, Line 65

Other Liabilities Statement

Line 65 - Other Liabilities:	Beginning of Year	End of Year
Income Taxes Payable	0.	295.
Total	<u>0.</u>	<u>295.</u>

Additional Information For Tax Return

National Caregiving Foundation

52-1422395

Form 990 p 2: Line 42 column (A)

Depreciation is computed on the straight-line basis over the estimated useful lives of the assets (5 to 20 years) .

Form 990 p 2: Exempt purpose

To publish and disseminate information on health related issues and to educate the general public about the plight of our nation's caregivers.

NATIONAL CAREGIVING FOUNDATION
LIST OF STATES FORM 990 IS FILED WITH
FOR THE YEAR ENDED SEPTEMBER 30, 2003

Alabama
Alaska
Arizona
Arkansas
California
Colorado
Connecticut
District of Columbia
Florida
Georgia
Hawaii
Illinois
Indiana
Kansas
Iowa
Kentucky
Louisiana
Maine
Maryland
Massachusetts
Michigan
Minnesota
Mississippi
Missouri

Nebraska
New Hampshire
New Jersey
New Mexico
New York
North Carolina
North Dakota
Ohio
Oklahoma
Oregon
Pennsylvania
Rhode Island
South Carolina
South Dakota
Tennessee
Utah
Virginia
Washington
West Virginia
Wisconsin